LOCAL V CHOICE

Materials Order Form

Revised January 2007. Please Destroy All Prior Order Forms.

All materials must be ordered by the group

FAX FORM TO: (804) 780-0198 Allow ten days for delivery of materials

Note that the Key Advantage Benefit Summaries also serve as the 2007 update to the Key Advantage Member Handbook. Remind your employees and retirees to keep their Benefit Summaries with their handbook. Member handbooks have not changed for 2007, so there is no need to re-order these except for new employees.

Enrollment Package (Each package includes a Benefit Summary(s) and an enrollment form.)			
,	Qty.		
T20516	Key Advantage w/Expanded Benefits Benefit Summary		
T20517	Key Advantage 200 Benefit Summary		
T20518	Key Advantage 300 Benefit Summary		
T20519	Key Advantage 500 Benefit Summary		
T20520	High Deductible Health Plan (HDHP) Benefit Summary		
Retiree Eligible for Medicare			
T20521	Advantage 65 Benefit Summary		
T20523	Dental/Vision Plan Offered with Advantage 65 Benefit Summary		
T20522	Medicare Complementary		
Forms/Provider Directories		Qty.	
T20481	Enrollment Form		
990046	Name and Address Change Form		
110602	Anthem Claim Form		
PVA2030	Anthem BlueCard Program Flyer		
T20436	Anthem Medical Provider Directory (for Key Advantage Plans)		
T20485	Anthem High Deductible Health Plan Directory		

	Qty.	
T20458	Key Advantage 2005 Member Handbook (Unchanged for 2007. Noneed to re-order except for newemployees.)	
T205		
T20484	High Deductible Health Plan (HDHP) Member Handbook	
T20513	Medicare Coordinating Plans Member Handbook (for Advantage 65 and/or Medicare Complementary)	
T20514	Dental/Vision Benefits brochure (to accompany Medicare Coordinating Plans member handbook if offering this option)	

- ► To order **ValueOptions** materials, call 1-866-725-0602. You may also fax a request to 919-941-5242, Attn: Account Services.
- ► To order **Delta Dental of Virginia** materials, call Matt Macdonald at 1-800-533-4137 x 8.
- ► To order **Medco** materials, use the Medco Materials Order Form or call 1-800-316-9182.

•	Date
	Group #
	Telephone #
City, State and Zip	Fax #